## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

Insert Title:

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

SYSTEM AND METHOD FOR RUPTURING ENCAPSULATED ADHESIVE IN SHEET MEDIA

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Fill in Appropriate			hereto. If not attached here					
Information -	the specificati	on was filed on _				as		
For Use Without	the specification was filed on							
Specification Attached:	and amended the enecificati	(if applicable) and/or						
	International	Application Numl	ner .		- and was			
	amended und	er PCT Article 19		(if applicable)				
Insert Priority	amended by any an I acknowledg Regulations, §1.56.  I do not know thereof, or patente year prior to this applicate of this application by meaning the property claim or inventor's certification.	mendment referree the duty to distand do not believed or described in application, that the impation in any consigns more than a certificate on the or my legal represent foreign priority cate listed below a that of the application.	d to above.  close information which is the the same was ever known any printed publication in the same was not in public tention has not been patent the profession to the Unite twelve months (six month is invention has been filed the entatives or assigns, except benefits under Title 35, Un	ited States Code, §119(a)-(d) of any ow any foreign application for pate	ned in Title 37, Conerica before my or ention thereof or n of America more tor's certificate issue to the control of the contr	de of Feder. our invention one than one ye led before the or my leg pplication for a prior to the officiate having the control of the control		
Information:								
(if appropriate)	(Number)	(Country	r)	(Month/Day/Year Filed)	Yes	No		
	(Number)	(Country	7)	(Month/Day/Year Filed)	Yes	No		
ners services of the services					_			
	(Number)	(Country	7)	(Month/Day/Year Filed)	∐ Yes	□ No		
Insert Provisional Application(s): (if any)	I hereby claim the		35, United States Code, §1	19(e) of any United States provision  (Filing Date)	al applications(s) li	sted below.		
	(Application Number)			(Filing Date)				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior the Filing Date of This Application:							
	Country		Application Number	Date of Filing (Mo	onth/Day/Year)			
Insert Requested Information: (if appropriate)								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below an insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PC application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclosinformation which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
Insert Prior U.S. Application(s): (if any)	(Application Number)		(Filing Date)	(Status - patented	, pending, abandon	ned)		
Page 1 of 2 (Rev. 01/22/01)	(Application Num	ber)	(Filing Date)	(Status - patented	, pending, abandon	ed)		

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Raymond C. Stewart	(Reg. No. 21,066)	Terrell C. Birch	(Reg. No. 19,382)
Joseph A. Kolasch	(Reg. No. 22,463)	James M. Slattery	(Reg. No. 28,380)
Bernard L. Sweeney	(Reg. No. 24,448)	Michael K. Mutter	(Reg. No. 29,680)
Charles Gorenstein	(Reg. No. 29,271)	Gerald M. Murphy, Jr.	(Reg. No. 28,977)
Leonard R. Svensson	(Reg. No. 30,330)	Terry L. Clark	(Reg. No. 32,644)
Andrew D. Meikle	(Reg. No. 32,868)	Marc S. Weiner	(Reg. No. 32,181)
Joe McKinney Muncy	(Reg. No. 32,334)	Donald J. Daley	(Reg. No. 34,313)
John W. Bailey	(Reg. No. 32,881)	John A. Castellano	(Reg. No. 35,094)
Gary D. Yacura	(Reg. No. 35,416)	Thomas S. Auchterlonie	(Reg. No. 37,275
Mark J. Nuell	(Reg. No. 36,623)		

## Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

or Customer No. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>,</b>	<u> </u>								
GIVEN NAME/FAMILY NAME	INVENTORSSIGNATURE	011	DATE*						
Jeffrey Leigh WELLS	- Jeffy Leigh	Dell	375-01						
Residence (City, State & Country)  CITIZENSHIP									
Appleton, Wisconsin	United States of America								
MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)								
2021 W. Glendale Avenue, Appleton, WI 54914, USA									
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	111	DATE*						
Steven Michael WILHELMS	them Michael We	Malu	3-20-01						
Residence (City, State & Country)	CITIZENSHIP								
Appleton, Wisconsin	United States of America								
MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)								
3306 N. McDonald Street, Appleton, WI 54911, USA									
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
Todd Arlin Schwantes	Toda arlin Schut	v	3/20/01						
Residence (City, State & Country)		CITIZENSHI							
Lena, Wisconsin	United States of America								
MAILING ADDRESS (Complete Street Address including City, State & Country) 5057 Machickanee Lane									
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*						
Residence (City, State & Country)	CITIZENSHIP								
MAILING ADDRESS (Complete Street Address including City, State & Country)									

Page 2 of 2 (Rev. 01/22/01)

PLEASE NOTE:
YOU MUST
COMPLETE

Full Name of First
or Sole Inventor:
Insert Name of
Inventor
Insert Date This
Document is Signed

Insert Residence

Insert Post Office Address

Full Name of Second
Inventor, if any:

Full Name of Third

Full Name of Fourth Inventor, if any: see above

THE FOLLOWING:

i dizi

đ

\*DATE OF SIGNATURE